

WISCONSIN TRAIL INCIDENT AND SAFETY REPORT

Notice: This form is primarily for information and will be used to help improve visitor experience on trails. Authorities may not be able to respond to each incident report. This form may be used for law enforcement purposes. Personally identifiable information collected will be used for administrative and enforcement purposes and may also be provided to requesters as required under Wisconsin Open Records law [ss. 19.31 – 19.39, Wis. Stats.].

Instructions: If you need to report an accident or emergency, or if you are reporting an illegal activity, contact a law enforcement officer first. After you have contacted law enforcement, complete this form to report any incident, illegal activity, or safety/maintenance issue involving Wisconsin's trails. Please provide complete information about the trail incident. Space is provided on the back page for your contact information.

Time and Location of Incident (If time and date are unknown, indicate when you observed the incident/issue)				
Date of Incident / /	Day of Week	Time of Day <input type="checkbox"/> AM <input type="checkbox"/> PM	Name of Trail	County
Knowledge of Incident <input type="checkbox"/> Saw incident happen <input type="checkbox"/> Observed incident after it occurred		GIS Coordinates (if available)		City or Township
Type of Incident: <input type="checkbox"/> Safety/Maintenance Issue (Bottom of This Page) <input type="checkbox"/> Illegal Activity (Back Page) <input type="checkbox"/> Trail Use Conflict (Back Page)		Trail Location: <input type="checkbox"/> Is a State Trail <input type="checkbox"/> Other _____ <input type="checkbox"/> Within a State Park Name of Park: _____ <input type="checkbox"/> Within a State Forest Name of Forest: _____ <input type="checkbox"/> Landowner _____		
State WI				

Describe WHERE the incident occurred, or what part of the trail had a safety/maintenance issue. Use an approximate distance from a trailhead, a recognizable marker (sign, rock, tree, field), by a trail intersection, etc. Use a map/diagram/photograph to show the location of the incident. Attach or draw in the space below.

SECTION A: Safety/Maintenance Issues

Type of Issue: <input type="checkbox"/> Downed Tree <input type="checkbox"/> Trail Erosion <input type="checkbox"/> Overgrown Trail <input type="checkbox"/> Needed Sign <input type="checkbox"/> Damaged Sign <input type="checkbox"/> Misleading Sign	<input type="checkbox"/> Bridge in need of repair <input type="checkbox"/> Steps in need of repair <input type="checkbox"/> Fence/Gate in need of repair	<input type="checkbox"/> Undesignated Trail (Trail created by off-trail use, not a legal trail) <input type="checkbox"/> Trash/Waste <input type="checkbox"/> Other _____	Condition of Trail: <input type="checkbox"/> Trail is Impassable <input type="checkbox"/> Passable, But Not Safe <input type="checkbox"/> Passable, Safe, Needs Maintenance	How long has the trail been in this condition: <input type="checkbox"/> Noticed for the first time <input type="checkbox"/> At least two weeks <input type="checkbox"/> At least one month <input type="checkbox"/> Over a year <input type="checkbox"/> Other _____
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Additional comments. Attach photographs if available.

Have you contacted anyone about this: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list the person(s) and phone number(s) here:
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SECTION B: Illegal Activities

Type of Activity:

- ☐ Trespassing on Private Property
☐ Illegal Driving of Motorized Vehicles on Trails
(ATVs, Cars, Trucks, Snowmobiles, etc.)
☐ Stolen Property/Signs or Property Damage
☐ Illegal Dumping/Hazard Waste Disposal

- ☐ Illegal Camping or Campfire
☐ Illegal Hunting/Poaching
☐ Drug or Alcohol Use
☐ Other _____

How did you find out about the activity:

- ☐ Observed the activity firsthand
☐ Saw evidence of the activity after it happened
☐ Heard about an illegal activity that has occurred

Additional comments. Include any identifying characteristics (license plate number, approximate age, etc.). Attach photographs if available.

Law Enforcement should be your first contact regarding this incident. Have you contacted Law Enforcement: ☐ Yes ☐ No

If yes, list the Law Enforcement person(s) and phone number(s) here:

Have you contacted anyone else about this:

☐ Yes ☐ No

If yes, list the person(s) and phone number(s) here:

SECTION C: Trail Use Conflicts

Location of conflict:

- ☐ On the trail
☐ Off the trail
☐ At an intersection with another trail
☐ At an intersection with a road or highway
☐ Other _____

Conflict occurred between:

☐ I was a witness to a trail use conflict.

Party One ☐ Myself ☐ Not myself

- ☐ Hiker ☐ Snowmobile
☐ Bicycle ☐ Cross Country Skier
☐ ATV ☐ Equestrian
☐ Car/Truck ☐ Animal _____
☐ Hunter ☐ Other _____

Party Two

- ☐ Hiker ☐ Snowmobile
☐ Bicycle ☐ Cross Country Skier
☐ ATV ☐ Equestrian
☐ Car/Truck ☐ Animal _____
☐ Hunter ☐ Other _____

Describe what happened. List the sequence of events leading up to the incident, the condition of the trail, weather and visibility, etc. Include any identifying characteristics (license plate number, approximate age, etc.). Attach photographs if available.

Have you contacted anyone about this:

☐ Yes ☐ No

If yes, list the person(s) and phone number(s) here:

Contact Information

Name

Telephone No.

Email

Address

Date of Birth

Date of Incident (If Known)

City

State

ZIP

Time of Incident (If Known)

Signature _____

Date _____

Please Submit this form to:

State Trails Coordinator
Department of Natural Resources
Bureau of Parks and Recreation
P.O. Box 7921
Madison, WI 53707-7921

Telephone (608) 266-2181
Fax (608) 267-7474